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## Psychosocial problems of schoolchildren and the psychological counseling approaches implicated by counselors for treating it

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### Abstract

The aim of this study was to examine and evaluate the behavioral problems of schoolchildren in basic education stage and the psychological counseling approaches implicated by their counselor for treating it. In addition, assessing the differences in these approaches according to the variables of gender and educational qualification/degree. The sample consisted of (240) counselors (125 males, 115 females) enrolled from five educational administrations. The procedure has been used concluded scale constructed for assessing the behavioral problems students and psychological counseling approaches used by counselors. The instrument's characteristics scored high level of validity and reliability. The findings showed that the most common behavioral problems were disobedience of teacher's underachievement, aggression. In addition, the most counseling approaches used by counselors were individual and group counseling, Leisure time counseling, rational-emotive therapy, plying counseling, reality therapy, and client-centered therapy. According to the differences in counseling approaches relating to gender and academic qualification or degree of counselors, there were no significant differences except for the approaches of cognitive, behavioral and group counseling techniques and approaches.

**Keywords:** psychosocial problems, counseling approaches, schoolchildren

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### Introduction

In the present era where every day we are stepping ahead to technological advancement, with the increasing pressure in children to achieve, breaking up of the families and rapidly hanging sociocultural paradigm, rise above the behavior problems in children are also similarly steep and disrupting.

Children and teens can seem irritable or even hostile when they are tired or are not feeling well. They may argue with parents or disobey them because they are trying to show that they are growing up. Young children may lie because they are too young to understand the difference between the truth and a lie. Sometimes they lie to get themselves out of trouble. This is normal. When they act this way all the time, or when this behavior gets them into trouble all the time at home, at school, or with other kids in the neighborhood, they may have what we call a disruptive behavior disorder (Prakash, Mitra, & Prabhu, 2008).

Knowledge of child mental-health problems is important not only because they result in suffering for children and those around the children, but also because they interfere with social and educational development and can lead to life-long social and psychiatric problems (Rutter, 1996). There is a little consensus about the extent to which manifestations of psychiatric symptoms are universal or the extent to which they can be affected by cultural aspects. However, since studies have found prevalence rates to vary all over the world, it seems necessary to consider culture and context in determining the way in which children's psychopathology may be manifested (Canino & Alegria, 2008; R. Hackett & L. Hackett, 1999; Roberts, Attkisson, & Rosenblatt, 1998). There is also evidence that child disorders may vary between developed and developing countries, making it necessary to distinguish studies by each country, as well (Fleitlich-Bilyk & Goodman, 2004; R. Hackett & L. Hackett, 1999). In fact, a major gap in the epidemiology of child mental problems have been considered the lack of studies regarding the data on the prevalence rates in low-middle-income countries (Kieling et al., 2011; Rohde, 2011; Giel, R., Arango, Climent, Harding, Ibrahim Ladrito-Ignacio, Sriniasa, Salazar, Wigand Younis, 1981).

As children in primary school are vulnerable to any infection, similarly they adopt behavior disorders in this age group. However, it remains a cause of concern to their parents until they are grown up. Many times parents do not bother for such habits and later on, they repent. Language and speech disorder are in school-age population and more prevalent in toddlers and pre-school. Although the school-age children morbidity is low in habit disorder and behavior problems, which keep them away from friends due to guilt feeling, (Anderson, 2012). There are two main types of disruptive behavior disorders: Oppositional Deviant Disorder (ODD) and Conduct Disorder (CD). Extensive review of issues pertaining to the relationship between externalizing behavior problems and academic underachievement stated that, in childhood, inattention and hyperactivity were stronger correlated of academic problems than aggression, (Eimani-Oshnari1, Amiri-Majd, Babakhany, 2014, Anderson, 2012).

Estimates of the number of school-aged children with emotional problems vary. Incidence and prevalence figures are controversial, with estimates ranging from 2-3% to 22% (Fleisch, & Goodman 2000; Lund, 2008). The numbers increase when those referred to as at risk are included (Lavin, Korte, & Davies, 2011). Review of recent studies concentrating on mental-health problems among school going children showed the prevalence figures varying from 6.33% to 43.1% in Indian context (1-6). International context showed similar variability. (7- 10) The available literature also speaks of variability and inadequacies of diagnostic methods, research criteria, treatment modalities and psychosocial interventions, (Prakash, Mitra, & Prabhu, 2008).

Research suggests, however, that there are a considerable number of false-positive misdiagnoses (i.e., the labeling of youngsters who do not have true disabilities/disorders). What is clear is that schools can accomplish their goal of teaching only when they have addressed the psychosocial problems that interfere with students' learning. In schools, youngsters with serious emotional and learning problems usually are assisted under the auspices of "special education." Of course, many students with behavior, learning, and emotional problems do not meet the criteria for special education. Their needs must be addressed through support programs and other accommodations, especially psychological counseling programs in schools, (Fleitlich & Goodman, 2000).

Sauri and Loureiro (2014) investigate mental-health problems, including behavioral and emotional problems, in a cohort of schoolchildren according to gender and to assess the associations of family characteristics and behavioral performance for boys and girls. Data from 677 children born in Ribeirão Preto (SP), Brazil, when they were 10/11 years old was available. The mental health assessment was performed using the Brazilian version of the Strengths and Difficulties Questionnaire. Results showed that the prevalence rates for boys and girls were, respectively: 41.7% and 34.5% for total difficulties score, 50.4% and 57.6% for emotional symptoms, 31.2% and 18.8% for hyperactivity, 38.8% and 27.6% for conduct problems, 27.1% and 26.7% for peer problems and, 4.7% and 2.7% for prosocial behavior. The family characteristics associated with behavioral problems were low socioeconomic status for boys and low maternal education and families with more than four members for girls (Deivasignamini, 1990, Sakar, Kapur, & Kaliaberumal 1996).

Anderson's conducting study on Jamaican children and showed that the children have suffered many times from psychosocial and handicapping conditions such as a lack of understanding and empathy from teachers, administrators and their peers. The literature is replete with evidence of such treatment leading to

negative student behavior and the resultant poor performance. Consistent with this, is the reality that the number of students with special needs or learning difficulties has been increasing rapidly. Of those children with special needs, however, the ones most likely to be misunderstood are those with emotional and behavioral disorder. This paper calls into question the issue of what researchers consider normal behavior in schools. A discussion of the construct “emotional and behavioral disorders” within the purview of the Jamaican educational system is provided in order to give credence and validity to this paper. Intervention/Treatment models are offered followed by practical and evidenced-based classroom strategies addressing the needs of students with emotional and behavior disorders. Discussing the aforementioned also supports the researchers view that changes are long overdue in creating standards and significant guidelines for helping students with emotional and behavioral problems (Roberts, Attkisson, & Rosenblatt, 1998).

Behavioral problems in children are on the rise. Available literature speaks of variability and inadequacies of diagnostic methods, research criteria, treatment modalities and psychosocial interventions. In their research Prakash, Mitra, and Prabhu (2008), the methods included 50 children of age 6-14 years attending government school were assessed for behavior problems. Children were selected after appropriate randomization and subsequently assigned to Child behavior checklist. The data thus collected was suitably interpreted using appropriate statistical tests. The Results indicated that Twenty-one (42%) children were found to be above the cut-off score. Mean CBCL score was 43.3. Most common behavior problems in these subjects were “cannot sit still, restless, hyperactive” shown by 62% of the subjects. Female children had behavior problems like “too concerned with neatness or cleanliness”, “self-conscious or easily embarrassed” and “feels she has to be perfect” where as male children had behavior problems like. “Does not feel guilty after misbehaving”, cannot concentrate” and “restless”. The Conclusion of the study is that, the analysis of pattern of distribution of behavior problems in the subjects revealed them more of externalizing ones. There is evidence that female children had more of internalizing behavior problems. (Prakash, Mitra, & Prabhu, H.R. 2008, Abdullah, 2016).

Syria a developing country has large population, of whom significant proportions are children attending school. Behavioral problems and psychiatric syndromes in the children are a matter of concern as the consequences can seriously impair their ability to become useful and productive citizens of tomorrow. The vulnerability of the child tends to increase when effective parenting is not available. This study was planned with the aim to assess the prevalence of behavioral problems among school going children. The research findings will help in determining the prevalence, associated Factors and predictors that are useful in early diagnosis and management. Reviews of the study done in this field reveal that the prevalence of behavior problems in children is alarmingly high. Diverse method of data collection and equally diverse method of diagnosis generated these rates (Abdullah, 1992).

Understanding the root cause of the child's behavior is essential, as without this it is unlikely that any behavior strategy will be sustainable, (Tolan, and Gorman-Smith, 2001, Abdullah, 2012). There are five basic models in understanding child behavior. These include biological, behavioral, Cognitive, systemic, psychodynamic. The systemic approach looks at targeting the individual's behavior within the system. These systems can include their family, their friends, their school, their classmates, their community, and their outside school clubs, (Abdullah, 2016, Anderson, 2012).

The counselors should use many techniques and approaches for conducting counseling programs depending on the theories of counseling and psychotherapy (e.g. Reality therapy, client-centered counseling, group therapy, behavioral counseling, systematic, and family). Hence, the study will focus on investigating the behavioral problems of schoolchildren and their counselors for treating these problems have used the approaches.

**Objectives of the study.** This research aimed to examine:

1. The most common behavioral problems among schoolchildren.
2. The most common psychological counseling programs and techniques have been applied in the schools.
3. The differences in implication counseling techniques regarding gender, and academic qualification of counselors.

**Questions of the study:** This research addressed three research questions:

1. What are the most common behavioral problems among schoolchildren?
2. What are the most common psychological counseling programs and techniques have been implicated by counselors in the schools.
3. What are the differences in implication counseling techniques regarding the variables of gender, and academic qualification of counselors?

## Method

**Participants:** The total population of the counselors in the formal educational schools consisted (3500) psychological counselors (specialization: psychology and counseling), and (1500) social counselors (specialization: sociology and social workers) according to the statistics of the Department of Educational Researches in Ministry of Education. Participants of the study included 240 counselors (125 males, 115 females) enrolled from five cities in Syria (Damascus, Homs, Hama, Lataqia, and Der Al-Zoor).

**Procedure:** The instrument used for the study was questionnaire constructed by the present researcher, which divided into two parts: The first, included (50-items) for scaling the behavioral problems of school children from perspectives of their counselors, in addition to one open question at the end of this division. The second part of the instrument included (20-items) relating to psychological counseling techniques/ theoretical approaches the have been used by counselors for treating those problems, in addition to one open question about the approaches that not consisted or mentioned in the scale.

The instrument evaluates behavioral (emotional, social, cognitive) problems regarding the classroom behavior, learning-teaching, participation in group, such as (e g. Underachievement, teacher's mistreatment, attention problems, anti-social behaviors, sexual deviation, food disorders, obsessive compulsive disorders, sleep disorders ,disruptive behavior, aggression, liveness, test anxiety, shyness, anger, learning difficulties). Reliability and validity of this scale are 0.89 and Cronbach's alpha coefficient for the scale is 0.86 and for sub scales varies from 0.79 to 0.89.

Data collection and analysis:

Descriptive statistics have been used (percentages, M, SD), and T test for assessing the significance of differences regarding the counselor's gender variable, Fisher test for assessing the differences in psychological counseling approaches implicated by counselors regarding the academic qualifications/degree variable.

## Results and Discussions

For answering to the first question: "What are most common behavioral problems among school's children", the statistical analysis showed the following results presented on the table (1).

**Table 1 the highest common behavioral problems of children and means**

	<b>The behavioral problems</b>	<b>Mean</b>
1	disobedience of teachers	4.35
2	underachievement	4.31
3	Aggressive behaviors	4.26
4	Delaying the academic tasks	4.13
5	Repeated absence of school	3.97
6	Teacher's maltreatment	3.85
7	Difficulties with teachers	3.71
8	Loneness	3.66
9	Test anxiety	3.57
10	Shyness	3.45
11	Anger and impulsiveness	3.14
12	Learning disabilities	2.98

As we can see from table (1) that the 7en most common behavioral problems of children in schools were: disobedience of teachers (M= 4.35), underachievement (M= 4.31), aggressive behaviors (M= 4.26), delaying the academic tasks (M=4.13), repeated absence from schools (M= 3.97), teacher's maltreatment of child (M= 3.85), difficulties with teachers (M=3.71), loneness (M=3.66). Whereas, test anxiety, shyness, anger, impulsiveness, and learning disabilities were the lowest problems as presented in Table (2).

**Table 2 the lowest behavioral problems of children and mean**

	<b>Behavioral problems</b>	<b>Mean</b>
1	Obsessive-compulsive problems	1.95
2	Bedwetting ( Enuresis)	1.91
3	Sexual deviation	1.85
4	Eating (food) problems	1.67
5	Sleep problems	1.35
6	Hyperactivity	1.27
7	lie	1.17
8	Psychosis syndromes	1.11

As showed, table (2) the lowest problems consecutively: obsessive-compulsive problems, bedwetting, Sexual deviation, eating problems, sleep problems, hyperactivity, and lie and psychosis syndromes.

According to the second question "what are the most common psychological approaches used by counselors for treating these problems", the results presented in table (3).

**Table 3 Psychological counseling approaches implicated by counselors**

	<b>Psychological counseling approaches/techniques</b>	<b>Mean</b>
1	Individual counseling	4.87
2	Group therapy	4.74
3	Leisure time counseling	4.68
4	Clint-centered therapy	4.63
5	Systematic counseling	4.53
6	Behavioral counseling	4.48
7	Cognitive therapy	4.35
8	Plying counseling approach	4.15
9	Brief therapy	3.93
10	Rational-Emotive therapy	3.75
11	Psycho-analytic therapy	3.65
12	Reality therapy	3.47
13	Traits-factors approach in counseling	3.41
14	Logo therapy & existential counseling	3.21
15	Gestalt psychotherapy	3.13
16	Eclectic psychotherapy	3.09
17	Egan's Effective helping counseling	2.85
18	Family counseling approach	2.78

We can see from table (3) that the most common counseling approaches used by counselors for treating children's problems are in succession: Individual counseling, Group therapy, Leisure time counseling, Clint-Centered therapy, Systematic counseling, and Behavioral counseling. While the latest counseling techniques have been implicated were logo therapy & existential counseling, Gestalt psychotherapy, Eclectic psychotherapy, Egan's Effective helping counseling and finally, Family counseling approach.

In regard the third question "What are the differences in implication counseling techniques regarding the variables of gender, and academic qualification of counselors". It has been used T. test for evaluating the significance of differenced in using counseling approach between male and female of counselors. Table (4) presented the results of this statistical analysis.

**Table 4 the differences in application of counseling approaches regarding the gender variable of counselors**

Counseling technique	N	M	SD	T.value	Sig.
<b>Rational-emotive therapy</b>	120 male	2.65	0.76	-2.52	0.016
	115 female	3.14	0.98		
<b>Reality therapy</b>	124 male	3.12	0.32	-2.48	0.081
	115 female	3.76	0.17		
<b>Plying counseling approach</b>	125 male	2.11	1.08	-2.18	0.043
	115 female	2.57	1.19		
<b>Client-Centered therapy</b>	125 male	3.87	0.48	-2.69	0.0127
	114 female	3.21	0.19		
<b>Brief therapy</b>	125 male	3.09	0.56	-2.53	0.0142
	115 female	2.56	0.87		
<b>Multiple counseling</b>	125 male	3.45	0.24	-2.49	0.02
	115 female	3.19	0.57		

It can be seen from table (4) the most important counseling approaches/techniques used by school female- counselors are: Rational-Emotive Therapy (T = -2.52), Reality Therapy and plying counseling approaches (T= - 2.48, - 2.18), while the most important counseling approaches implicated by male-counselors are Client-Centered therapy (T= -2.69), Brief therapy (T= -53), and Systematic counseling approaches (T= -2.49).

For the differences in implication counseling approaches regarding counselor's academic qualification or degrees, the results of "Fisher" test, presented in table 5.

**Table 5 The differences in application of counseling approaches regarding the academic qualification/degree variable of counselors**

Counseling approach	Academic Qualification	Mean	Calculated differences	Critical Value
<b>Cognitive Therapy</b>	Bachelor + Diploma	(2.21)(2.71)	-0.52	0.467
	Bachelor +Master	(2.21)(2.63)	-0.42	0.521*
	Diploma + Master	(2.73)(2.54)	-0.41	0.486
<b>Behavioral therapy</b>	Bachelor + Diploma	(3.14)(3.85)	-0.71	0.04*
	Bachelor +Master	(3.20)(3.78)	-0.58	0.38
	Diploma + Master	(3.63)(3.95)	-0.32	0.45*
<b>Group therapy</b>	Bachelor + Diploma	(2.45) (2.92)	0.53	0.64*
	Bachelor +Master	(2.44)(2.69)	-0.24	0.43
	Diploma + Master	(2.43)(2.86)	-0.44	0.03*

\* sig. 0.05

Table (5) shows the significant differences for the academic qualification and degree among counselors. The findings indicated that there are significant differences between the bachelor and master degree in cognitive therapy, though the counselors of master qualification and degree higher ( $M=2.63$ ) than bachelor ( $M=2.21$ ). In addition in behavioral therapy among diploma ( $M=3.85$ ) than bachelor ( $M=3.14$ ), and between master higher ( $M=3.78$ ) than bachelor ( $M=3.20$ ), and among master higher ( $M=3.95$ ) than among diploma ( $M=3.63$ ). Group therapy has been used by counselor with diploma higher ( $M=2.92$ ) than among getting bachelor degree ( $M=2.45$ ), and higher among master degree ( $M=2.86$ ) than among diploma degree ( $M=2.43$ ).

## Discussion

The results showed that behavioral problems of schoolchildren were vicarious. The higher prevalence problems were noncompliance, low school achievement, and aggression, in contrast to the problems of obsessive-compulsive, enuresis, sexual deviation and lying that were the least problems. These problems reflect the conduct disorder in childhood, on one hand, and it must view these problems in perspective of the context and environment of children inside and outside the school, especially in family. On the other hand. It has been evident that disorders are not different from the view of fathers, mothers, and teachers (Eimani-Oshnari, Mojtaba Amiri-Majd Babakhany, 2014). Moreover, teachers evaluated more anxiety problems than fathers and mothers. The above findings explained by the intensity of hyperactivity symptoms and being problematic in schools and homes being the probable causes for visiting counselors; in a way that parents and teachers have observed symptoms in both environments. The cognitive and emotional problems are affected by learning problems and due to lack of attention, and is rejected by classmates due to their immature behavior. The Results of this research are consistent with the studies of Weiler et al (1999), and Saur and Loureiri (2014). Important to direct attention to the point that the confidence associated with children problems depending on one resource, that represents the reports of their counselors and it is very important to depend on the reports of parents and teachers and doctors for diagnosing and designing counseling programs. Some behavioral problems are situational and they may be seen only in one environment (home or school), or some disorders are may be ignored due to not being problematic. Background check indicated that the grading scales are used in different cultures, (Kafle, Vaidya, Panta, Chhetri, M. and Mehrotra, 2010).

According to the counselor's gender variable, the most important counseling approaches/techniques used by school female- counselors are: rational-emotive therapy, reality therapy and plying counseling approaches, while the most important counseling approaches implicated by male- counselors are: client-centered therapy, brief therapy, and systematic counseling approaches. On the other hand, the finding showed significant differences between counselors who have the bachelor and master degree in cognitive therapy, though the counselors of master qualification and degree higher than bachelor. In addition in behavioral therapy between diploma than bachelor, and between master higher than bachelor, and among master higher than among diploma. Counselor with diploma has used group therapy higher than among getting a bachelor degree, and higher among master degree than among diploma degree. This finding reflecting the experience and professional development of counselor's skills that can meet the demands and the variety of programs should be conducted to treat the behavioral problems in schools. It is very important for males and females counselor to depend on integration trend in designing counseling programs, to meet the developmental demands and tasks childhood (Abdullah, 1992). Hence, the theoretical background represent the foundation for succession counseling programs in schools, (Poulou, and Norwich, 2000).

## Conclusions and Recommendations

This study examined behavioral problems of schoolchildren and the counseling approaches used by their counselors for treating it. These problems influence mental health of children and their adjustment in school. In addition, this study investigated the theoretical counseling approaches the have been implicated by their counselors for treating it, and the differences in application these approaches regarding the variables of gender and qualification or academic degree of the counselors.

The finding revealed that the higher prevalence problems were noncompliance, low school achievement, and aggression, in contrast to the problems of obsessive-compulsive, enuresis, sexual



deviation and lying that were the least problems. On the other hand, the findings showed that, the most common counseling approaches used by counselors for treating children's problems are in succession: Individual counseling, group therapy, leisure-time counseling, client-centered therapy, systematic counseling, and Behavioral counseling. While the latest counseling techniques have been implicated, were logo therapy & existential counseling, gestalt psychotherapy, eclectic psychotherapy, Egan's effective helping counseling and finally, family counseling approaches. The findings indicated that, significant differences revealed regarding the academic qualification and degree in application the counseling approached between counselors. Hence, these significant differences found between counselors with a bachelor and master degree in cognitive therapy, though the counselors with a master qualification and degree higher than bachelor did. In addition, behavioral therapy conducted by counselors with a diploma more than with bachelor degree, and among counselors with master more than with bachelor and among counselors with master higher than among with diploma. Counselors with diploma have been used group therapy more than with bachelor degree, and higher among with master degree than among with diploma degree. According to the counselor's gender variable, the most important counseling approaches/techniques used by school female- counselors are: rational-emotive therapy, reality therapy and plying counseling approaches, while the most important counseling approaches implicated by male-counselors are: client-centered therapy, brief therapy, and systematic counseling approaches.

These findings lead to significant recommendations:

- 1) Further research can be conducted to explore the behavioral problems (and disorders) according to developmental stages in childhood and adolescence.
- 2) Examine the differences in application counseling approaches and techniques among school-psychological counselors according to demographic variables.
- 3) Another issue that should be further studied within informing science research is the need to use other methodology such as developmental longitudinal research method, experimental method to highlight the "cause-result" hypothesis and to explore causal factors of these complex behavioral problems, in addition to the relationship between children's mental health and school environment.
- 4) Incorporate a variety of counseling strategies, methods and techniques and experiences for counselor's skills developmental programs. In addition, to including the assessment components in counseling skills which currently need. A more efficient instructional delivery system would result from skills assessment of specialists seeking enhancement or development of academic practice and experiences.

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